

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SYCAMORE SPRINGS SURGERY CENTER, L.L.C.
C/O CARYN FINK, REGISTERED AGENT
4715 STATESMEN DR STE A
INDIANAPOLIS, IN 46250

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SURGICAL CENTER DEVELOPMENT #3 LLC
C/O NEVADA BUSINESS SERVICES, REGISTERED AGENT
1805 N CARSON STREET SUITE X
CARSON CITY, NV 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Daniel K. Ryan

Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* RIVERVIEW SURGERY CENTER LLC
C/O RITA RAMSEY, REGISTERED AGENT
1276 NORTH PLAZA DRIVE SUITE 100
ROCKPORT, IN 47653

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)
)
<i>Plaintiff(s)</i>)
v.)
NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)
)
<i>Defendant(s)</i>)

Civil Action No. 2:15-cv-00253

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MUNSTER SPECIALTY SURGERY CENTER LLC
C/O GREGORY FOX MD, REGISTERED AGENT
639 S. WALKER STREET, SUITE E
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) _____
was received by me on (*date*) _____.

I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____
, a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or

I returned the summons unexecuted because _____; or

Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* METRO SPECIALTY SURGERY CENTER, L.L.C.
C/O LEE ANN MASSEY, REGISTERED AGENT
200 MISSOURI AVE BLDG 18 STE A
JEFFERSONVILLE, IN 47130

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____. I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or I returned the summons unexecuted because _____; or Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SURGICAL CENTER DEVELOPMENT, INC.
C/O NEVADA BUSINESS SERVICES, REGISTERED AGENT
1805 N CARSON STREET SUITE X
CARSON CITY, NV 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Daniel K. Ryan

Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SOUTH BEND SPECIALTY SURGERY CENTER LLC
C/O RALPH LANTZ, REGISTERED AGENT
335 FLORENCE AVENUE, SUITE 1B
GRANGER, IN 46530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* NORTHWEST REGIONAL SURGERY CENTER LLC
C/O STEPHANIE MCLAIN, REGISTERED AGENT
8900 BROADWAY AVENUE, SUITE 100W
MERRILLVILLE, IN 46410

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____ . I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____ ; or I returned the summons unexecuted because _____ ; or Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MIDWEST SPECIALTY SURGERY CENTER LLC
C/O GREGORY FOX MD, REGISTERED AGENT
639 S. WALKER STREET, SUITE E
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) _____
was received by me on (*date*) _____.

I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____
, a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or

I returned the summons unexecuted because _____; or

Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)
)
<i>Plaintiff(s)</i>)
v.)
	Civil Action No. 2:15-cv-00253
NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)
)
<i>Defendant(s)</i>)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* INDIANA SPECIALTY SURGERY CENTER, LLC
C/O LINDA GIEDROC, REGISTERED AGENT
1380 W ARCH HAVEN AVE
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) _____
was received by me on (*date*) _____.

I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____
, a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or

I returned the summons unexecuted because _____; or

Other (*specify*): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* COLUMBUS SPECIALTY SURGERY CENTER LLC
C/O JOY TURNER, REGISTERED AGENT
2425 NORTHPARK DRIVE, SUITE 20
COLUMBUS, IN 47203

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____ . I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____ ; or I returned the summons unexecuted because _____ ; or Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ADVANCED REGIONAL SURGERY CENTER LLC
C/O GREGORY FOX MD, REGISTERED AGENT
3630 E COMMODORE TRAIL
BLOOMINGTON, IN 47408

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____ . I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____ ; or I returned the summons unexecuted because _____ ; or Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE)
COMPANY, CIGNA HEALTH AND LIFE)
INSURANCE COMPANY)

Plaintiff(s))
v.) Civil Action No. 2:15-cv-00253

NORTHWEST REGIONAL SURGERY CENTER)
LLC, ET AL.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CARMEL SPECIALTY SURGERY CENTER LLC
C/O TRACY GOODIN, REGISTERED AGENT
11590 N. MERIDIAN ST. STE 130
CARMEL, IN 46032

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan
Hinshaw & Culbertson LLP
222 North LaSalle Street
Suite 300
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* _____was received by me on *(date)* _____ . I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____ ; or I returned the summons unexecuted because _____ ; or Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc: